

UNITED STATES NATIONAL STAGE WORKSHEET (DO/EO)

Charitta Burt, Paralegal

U. S. Application No. 10/520162

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Publication No. WO 2004/006389 PCT/RO/101

Copy of ISR \_\_\_\_\_, Copy of IPER \_\_\_\_\_

Assignee information: \_\_\_\_\_

Priority Info: Country JP No. 2002-197020 date 7.5.02 MORE (turn over)

Correspondence checked: \_\_\_\_\_

Inventor Name checked: F Yoshi Kazu

L TAKAGI

Inventor Residence city: Aichi, state and/or country JP citizenship: JP

International Application No. PCT JP2003/008541 Language JP

Copy of ISR: ☒

Copy in International Application: ☒; Translation: yes ☒ no ☐ spec. page no. \_\_\_\_\_

371 Filing Fees: 900; meets Art. 33(2)-(3) Low fee applies: \_\_\_\_\_

Total Claims: 20 Chargeable 20 Independent 3 multiple 16

Number of drawing Sheets: 11 Foreign language: \_\_\_\_\_

Oath/Declaration: ☒; signed \_\_\_\_\_ unsigned ☒ defective \_\_\_\_\_ completed \_\_\_\_\_

Small entity fee: \_\_\_\_\_; SME papers: yes \_\_\_\_\_ no \_\_\_\_\_

Bio Seq. Diskette: \_\_\_\_\_ entered \_\_\_\_\_ Bio Seq. Listing: \_\_\_\_\_ statement \_\_\_\_\_

References \_\_\_\_\_

Copy of IPER: ☒; Annexes: \_\_\_\_\_ entered \_\_\_\_\_ not entered \_\_\_\_\_

Preliminary Amendment(s): ☒ date: 1.4.05; 2<sup>nd</sup> amendment date \_\_\_\_\_

IDS: ☒ DATE: 10.17.05 2<sup>nd</sup> DATE \_\_\_\_\_

Request for Immediate Examination: ☒

Substitute Specification: \_\_\_\_\_ date: \_\_\_\_\_

Assignment: ☒ forwarded to Assignment branch date: \_\_\_\_\_

Priority Document(s): ☒ date 1.4.05; Number of copies included \_\_\_\_\_

Power of Attorney: \_\_\_\_\_

Abstract: ☒; Article 19 Amendment: \_\_\_\_\_; replaced by Article 34 Amdt. \_\_\_\_\_

Date of 35 USC Receipt of Request: 1.4.05 Notes: \_\_\_\_\_

Date Completion USC 371 Requirements: \_\_\_\_\_

Notice of Missing Requirements: \_\_\_\_\_

Notice of Defective Response: \_\_\_\_\_

Notice of Acceptance: \_\_\_\_\_

Notice of Abandonment: \_\_\_\_\_ Petition to Revive: \_\_\_\_\_; Petition 1.47: \_\_\_\_\_

Other forms: 301, 304, 308, 315 Extension of time: Number of months \_\_\_\_\_